

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002432

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 29

FILED FEB 5 1963

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>		d. STREET ADDRESS (If outside, give location) <u>691 Williams St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>NORWOOD CHESTER MYRICK</u>			4. DATE OF DEATH Month Day Year <u>Jan. 27, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/5/1895</u>	9. AGE (last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Family car.</u>	11. BIRTHPLACE (City and state or country) <u>Darlington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James W. Myrick</u>		13b. MOTHER'S MAIDEN NAME <u>May Melissa Prior</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Lucy Myrick</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of) <u>No. XX</u>		16. SOCIAL SECURITY NO. <u>3</u>		
17. INFORMANT <u>Mrs. Don Malone, Chillicothe, Mo.</u>			Address	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia Terminal</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>6 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertrophied Prostate</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Sept. 27-60</u> to <u>Jan. 27-63</u> and last saw him alive on <u>Jan. 27-63</u> Death occurred at <u>8:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22. SIGNATURE <u>Joseph Conrad</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Chillicothe, Mo.</u>	22c. DATE SIGNED <u>Jan. 31-63</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Jan. 30, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>	23d. LOCATION (City, town, or county) <u>Chillicothe, Mo.</u>
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24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 2, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Write handed to Mr. Jan 28, 1963
Write recd from Mr. Feb 11, 1963
Write duly signed Sub 3, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard W. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.